

COMMONWEALTH  
OF  
VIRGINIA

## SCHEDULING FORM FOR THE ENGINEERING (FE/PE) EXAMINATIONS

### APPROVED FIRST-TIME APPLICANTS

**FOR OFFICE USE ONLY**

BATES NUMBER

AMOUNT PAID

INITIALS

# EXAMINATION SCHEDULING FORM

Record the information requested using a ball point pen or typewriter. Print one letter or digit per space leaving an empty space between words. Omit punctuation and abbreviate as necessary.

**Please DO NOT submit this form before 6 months prior to the exam date that you want to be scheduled for.**

- |   |  |
|---|--|
| <b>1. EXAMINATION DATE:</b> <input type="checkbox"/> <b>Spring 2009 Administration</b><br>(Scheduling Deadline is March 20th) | <b>1. EXAMINATION DATE:</b> <input type="checkbox"/> <b>Fall 2009 Administration</b><br>(Scheduling Deadline is September 18 <sup>th</sup> ) |
|---|--|

  

<b>2. SOCIAL SECURITY # <u>or</u> VA DMV ID #:</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; border-left: 1px solid black; border-right: 1px solid black;"></span> - <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; border-left: 1px solid black; border-right: 1px solid black;"></span> - <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; border-left: 1px solid black; border-right: 1px solid black;"></span>	<b>3. DATE OF BIRTH</b> <span style="border-bottom: 1px solid black; display: inline-block; width: 40px; border-left: 1px solid black; border-right: 1px solid black;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 40px; border-left: 1px solid black; border-right: 1px solid black;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 40px; border-left: 1px solid black; border-right: 1px solid black;"></span> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>MONTH</span> <span>DAY</span> <span>YEAR</span> </div>
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**4. NAME:**

FIRST
MIDDLE
LAST

MAIDEN/PREVIOUS
SUFFIX

Title (check one) ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss

  
**5. MAILING ADDRESS YOU WILL BE USING FOR COMMUNICATION REGARDING THE EXAMINATION. Any changes are to be made in writing to both the EES and to the VA DPOR:**

CITY
ST
ZIP CODE+ 4
FOREIGN POSTAL CODE

  
**6. EMAIL, FAX, AND TELEPHONE:**

EMAIL
FAX NUMBER
DAYTIME TELEPHONE NUMBER

  
**7. EXAMINATION FEES.** Payment may be by certified check or U.S. money order made payable to EES/VA ENG or by Visa or MasterCard. (see payment form). Payment may also be made in the form of a corporate/company check. Payment must be received by the examination fee payment deadline. Please record your name on the check.

**The deadline for either withdrawing from or postponing the examination to a later examination cycle is the same as the *Scheduling Deadline*. Only scheduled candidates can request a postponement or a withdrawal.**

**NOTE:** Beginning with the April 2009 examination, the Electrical and Computer PE examination has been divided into three separate sub disciplines. Each sub discipline is independent of the other two, with no common morning module as in previous examination administrations. Candidates will have to choose the exam they wish to take when they register. The new specifications are posted on the NCEES web site at [www.ncees.org](http://www.ncees.org)

Select the desired examination(s) to be taken by placing a check in the box provided:

- ☐ FE - **\$145**
  - ☐ PE - CHEMICAL [01] - **\$255**
  - ☐ PE - CIVIL [02] - **\$255**
  - ☐ PE - ELECTRICAL & COMPUTER [03a] - **\$255**
  - ☐ PE - ELECTRICAL AND ELECTRONICS [03b] - **\$255**
  - ☐ PE - ELECTRICAL POWER [03c] - **\$255**
  - ☐ PE - ENVIRONMENTAL [04] - **\$255**
  - ☐ PE - MECHANICAL [05] - **\$255**
  - ☐ PE - STRUCTURAL I [06] - **\$255**
  - ☐ PE - STRUCTURAL II [07] - **\$745**
  - ☐ PE - AGRICULTURE (FALL ONLY) [08] - **\$255**
  - ☐ PE - CONTROL SYSTEMS (FALL ONLY) [09] - **\$255**
  - ☐ PE - FIRE PROTECTION (FALL ONLY) [10] - **\$255**
  - ☐ PE - INDUSTRIAL (FALL ONLY) [11] - **\$255**
  - ☐ PE - MANUFACTURING (FALL ONLY) [12] - **\$255**
  - ☐ PE - METALLURGICAL (FALL ONLY) [13] - **\$255**
  - ☐ PE - MINING/MINERAL (FALL ONLY) [14] - **\$255**
  - ☐ PE - NUCLEAR (FALL ONLY) [15] - **\$255**
  - ☐ PE - PETROLEUM (FALL ONLY) [16] - **\$255**
  - ☐ PE - NAVAL ARCH. MARINE (SPRING ONLY) [17] - **\$255**
  - ☐ PE - ARCHITECTURAL (SPRING ONLY) [18] - **\$255**

**8. EXAMINATION LOCATION REQUEST:** (check one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Richmond       | <input type="checkbox"/> Blacksburg (FE only)             | <input type="checkbox"/> Roanoke (PE only)              |
| <input type="checkbox"/> North VA Area  | <input type="checkbox"/> Lexington (FE only)              | <input type="checkbox"/> Southwestern VA Area (PE only) |
| <input type="checkbox"/> Tidewater Area | <input type="checkbox"/> Charlottesville (FE/Spring only) |   |

☐ Other jurisdiction/state (09)\*: \_\_\_\_\_

\* If you request "Other jurisdiction/state," you are responsible for meeting deadlines, fees, and any additional requirements for being proctored in that state.

**9. SPECIAL ACCOMMODATIONS:** In accordance with the provisions of the Americans with Disabilities Act (ADA), examination administration modifications are available for candidates who qualify. Please go to the NCEES website to read complete information as to the application procedures for special accommodations. **All requests and documentation are due by the examination scheduling deadline.**

There are three ways to apply for special accommodations. The NCEES website has complete details about these procedures. The forms may be downloaded from the NCEES website. If you do not have Internet access or access to a printer, please call PCS to request copies of the appropriate forms.

1. Candidates who have received special accommodations (either ADA or Sabbath) within the past *three* years need to complete the Form for Requesting Subsequent Test Accommodations and, if necessary, supply any supporting documentation.
2. Candidates who are applying for special accommodations under the Americans With Disabilities Act for the first time, will complete the Questionnaire for Candidates Requesting Test Accommodations; a personal statement, and if appropriate, a Certification of Prior Test Accommodations Form. There is very detailed information about the medical or psychological documentation requirements on the NCEES website. Depending upon your disability, you may be required to submit college transcripts.
3. Candidates who are members of religious faiths that cannot take the examination on the designated date are permitted to take the examination on the Monday, following the national examination date. (Some PE/PLS Sabbath candidates may choose to test on the Saturday following the PE/PLS examination.) Sabbath candidates are required to submit a Religious Accommodations Request Form, as well as official documentation from their cleric stating why the candidate is unable to take the examination on the scheduled date.

Please note that the mailing addresses for the requests vary by the type of request you are making. The correct mailing address is on each specific report.



**Please check ONLY if you are requesting special accommodations.**

**10. AFFIDAVIT:** *I hereby certify that I have not sat and will not sit for the same examination in another state within the same period of time. I understand that: I may neither receive nor give any unauthorized aid during any part of the exam; I may not remove any part of the exam from the testing room, nor copy any questions from the exam booklet; the proctor announces the official time which will be utilized throughout the entire exam; when the proctor announces that the exam is over, I must immediately hand in all exam materials; I must follow all directions and instructions announced by the proctors concerning the exam; I must act in a professional and courteous manner at all times during the exam; every attempt will be made to seat me at the test site I have selected, and that site selection cannot be guaranteed; I will be admitted only to the test site for which I have been selected by the Board or its authorized representative. I agree that in the event my examination papers are lost, any claim I may have will be limited to the examination fee paid by me.*

*I certify that I will notify the Department of Professional and Occupational Regulation if I am subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving my EIT designation and/or Professional Engineer license. I also certify that I understand, and have complied with, all the laws of Virginia related to Engineers-in-Training and/or Professional Engineers under the provisions of Title 54.1, Chapter 4 of the Code of Virginia, and the Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers, and Landscape Architects Regulations.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Mail all required documentation:**

*(To be received no later than the fee payment deadline)*

Or

**Engineering Examination Services/VAENG  
150 Fourth Ave. North, Suite 800  
Nashville, TN 37219**

**Engineering Examination Services/VAENG  
P.O. Box 198689  
Nashville, TN 37219**

**Additional contact information:**

**Toll-free (877) ENG-EXAM [877-364-3926]  
Fax (615) 846-0153  
vaengcord@pcshq.com  
www.pcshq.com**

# Payment Form

**Applicant Name:** \_\_\_\_\_

**Social Security Number (Mandatory):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth

Three payment options are available: Company/Corporate/Certified Check, Money Order or Credit Card. If paying by Company/Corporate/Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below

- ☐ Certified Check *(Please ensure the applicant's name is on the payment)*
- ☐ Money Order *(Please ensure the applicant's name is on the payment)*
- ☐ Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one: ☐ Visa ☐ MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form**

*Note: This document will be shredded after it has been processed.*